
State: District of Columbia **First Filing Company:** Continental Casualty Company, ...
TOI/Sub-TOI: 11.0 Med Mal-Claims Made and Occurrence/11.0023 Physicians & Surgeons
Product Name: Physicians & Surgeons Professional Liability Program End Filing
Project Name/Number: Physicians & Surgeons Professional Liability Program End Filing/16-01325-F

Filing at a Glance

Companies: Continental Casualty Company
Continental Insurance Company

Product Name: Physicians & Surgeons Professional Liability Program End Filing

State: District of Columbia

TOI: 11.0 Med Mal-Claims Made and Occurrence

Sub-TOI: 11.0023 Physicians & Surgeons

Filing Type: Form

Date Submitted: 11/18/2016

SERFF Tr Num: CNAC-130814301

SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: 16-01325-F

Effective Date 01/25/2017

Requested (New):

Effective Date 01/27/2016

Requested (Renewal):

Author(s): Robert Alonzo

Reviewer(s):

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

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General Information

Project Name: Physicians & Surgeons Professional Liability Program End Filing Status of Filing in Domicile:
Project Number: 16-01325-F Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/18/2016
State Status Changed: Deemer Date:
Created By: Robert Alonzo Submitted By: Robert Alonzo
Corresponding Filing Tracking Number:

Filing Description:

The above reference companies submit for your review and approval the attached Amendment of Schedule on Specified Endorsement, Form CNA62656XX 9-12 for use with our Physicians & Surgeons Professional Liability Program which is currently on file with your department. Please note that this endorsement is for the Physician and Surgeons GSL-14360XX (7-2009) Policy approved under SERFF CNAC-126383326.

Please refer to the attached forms filing memorandum and copy of the CNA62656XXXX (9-12) for further details.

If you have any questions please feel free to contact us.

Company and Contact

Filing Contact Information

Robert Alonzo, State Filing Analyst robert.alonzo@cna.com
125 Broad Street 212-440-3478 [Phone]
7th Floor 312-260-4607 [FAX]
New York, NY 10004

Filing Company Information

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
125 Broad Street	Group Code: 218	Company Type:
7th Floor	Group Name:	State ID Number:
New York, NY 10004	FEIN Number: 36-2114545	
(212) 440-3478 ext. [Phone]		

Continental Insurance Company	CoCode: 35289	State of Domicile: New Hampshire
125 Broad Street	Group Code: 218	Company Type:
7th Floor	Group Name:	State ID Number:
New York, NY 10004	FEIN Number: 13-5010440	
(212) 440-3478 ext. [Phone]		

Filing Fees

Fee Required? No
Retaliatory? No

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Fee Explanation:

State:	District of Columbia	First Filing Company:	Continental Casualty Company, ...
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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		AMENDMENT OF SCHEDULE ON SPECIFIED ENDORSEMENT	CNA62656XX	09-12	END	New		0.000	CNA62656XX (09-2012).pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other



AMENDMENT OF SCHEDULE ON SPECIFIED ENDORSEMENT

SCHEDULE		
Endorsement Number	Specified Endorsements Name	Specified Endorsement Number
ListEndorsementNumber	SpecifiedEndorsementsName	SpecifiedEndorsementNumber

In consideration of the premium paid for this Policy, it is agreed that the endorsements specified above are amended as follows:

- A. The following entries are added to the **Schedules** set forth in the above specified Endorsements:
AddedEntries
- B. The following entries are deleted from the **Schedules** set forth the above specified Endorsements:
DeletedEntries
- C. The entries in the **Schedules** set forth in the specified Endorsements are modified as follows:
ModifiedEntries

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy.

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Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	